			13/3
1. PLACE OF BIRTH	BUREAU	TE BOARD OF HEALTH OF VITAL STATISTICS CERTIFICATE OF BIRTH	State File No
1. PEACE OF BIRTH		State	
County	-		in the second se
District or Township			St Ward
City Acquired 12. Full name of child Ru	th ans	irth occurred in a Mospital or institution, give	e its NAME instead of street and number) [If child is not yet named) Rake supplemental report, as directed.
3. Sex of Child To be answere in event of pl	ed ONLY 4. Twin, triplet of lural 5. No., in order of		of birth honth bay Year
40000	ATHER Hol	11 //	a King
9. Residence (Usual place of abode)	yeldn	15 Residence (Usual place of abode) If non-resident, give place	a solut e and state.
If non-resident, give place and	28	16 Color of race	17. Age at last birthdat
11. 12. Birthplace (city or place). A	Age at Jast birthday.	(Years) 18. Birthplace (city or place)	alamora
(State or country)	nug	(State or country)	The state of the s
13. Occupation	ctricion	19. Occupation Nature of industry	ner of
			. Were precautions takes and good
20. Number of children of this n	Lain	n alive and now living 8	thallpria neona
(Taken as of time of birth of chi certified and including this child.)	(c) Still	iborn	The state of the s
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended		(Rorn alive or Allborn)	ne de la companya de
* When there was no attending or midwife, then the father, hetc., should make this return.	ng physician nouscholder, A stillborn reathes nor	Change 1	
etc., should make this return, and is one that neither by shows otherwidence of life		1/2.	(Physician
Given name aded from a supplemental Rort	onth, day, year	ddress	
	Registrar	FILE THE 18	25/02/11
000 1007	Hedistror		* \
788-1601			